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<b>APPLICANTS</b>  ✓ Claudio Santiago Ribeiro, Evanston, IL; Iulius Lucaci, Evanston, IL; <i>IL</i> Paul M. Pierce, Grayslake, IL;																		
<b>** CONTINUING DATA *****</b> ✓ <i>IL</i> <i>N/A</i>																		
<b>** FOREIGN APPLICATIONS *****</b> ✓ <i>IL</i> <i>N/A</i>																		
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/26/2004																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met            Verified and Acknowledged         </td> <td style="width: 10%; border-bottom: 1px solid black;"> <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no            Allowance         </td> <td style="width: 10%; border-bottom: 1px solid black;"> <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no            Met after         </td> <td style="width: 10%; border-bottom: 1px solid black;">           STATE OR            COUNTRY            IL         </td> <td style="width: 10%; border-bottom: 1px solid black;">           SHEETS            DRAWING            8         </td> <td style="width: 10%; border-bottom: 1px solid black;">           TOTAL            CLAIMS            28         </td> <td style="width: 10%; border-bottom: 1px solid black;">           INDEPENDENT            CLAIMS            3         </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">           Examiner's Signature <i>IL</i> </td> <td colspan="2" style="border-bottom: 1px solid black;">           Initials <i>IL</i> </td> <td colspan="2"></td> <td></td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3	Examiner's Signature <i>IL</i>		Initials <i>IL</i>				
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Examiner's Signature <i>IL</i>		Initials <i>IL</i>																
<b>ADDRESS</b> 20280 MOTOROLA INC 600 NORTH US HIGHWAY 45 ROOM AS437 LIBERTYVILLE , IL 60048-5343																		
<b>TITLE</b> Portable apparatus user interface																		
FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )															